


ATTACHMENT 5
BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "**Bid Submittal - Do Not Open**".
- B. All required attachments are included with this certification sheet.
- C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- D. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

1. Company Name Bess Testlab, Inc.	2. Telephone Number (408)988-0101	2a. Fax Number (408)988-0103
2b. Email Address brandy@besstestlab.com		
3. Address 2463 Tripaldi Way, Hayward CA 94545		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input checked="" type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) 77-0410687	8. California Corporation No. C1932310	
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number 1000007058		
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number 817532	11. PUC License Number CAL-T-	
12. Bidder's Name (Print) Juan Jose Bohorquez / Bess Testlab, Inc.	13. Title President	
14. Signature 	15. Date	
16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as:		
a. Small Business Enterprise Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number: 38052		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, enter your service code below:		
NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".		
Date application was submitted to OSDS, if an application is pending: _____		
17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.		

ATTACHMENT 1

Agreement Number 11A2534
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CONTRACTOR'S NAME (Please Print):

Bess Testlab, Inc.

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM DESCRIPTION:	UNIT PRICE	TOTAL
1.	500	Per Hole	Vacuum excavation (Pothole) 1st six (6) feet (day works)	\$650.00	\$325,000.00
2.	200	Per Hole	Vacuum excavation (Pothole) 1st six (6) feet (night works / works that commence after 6pm)	\$700.00	\$140,000.00
3.	400	Linear Foot	Vacuum excavation (Pothole) each linear foot after six (6) feet (night or day works)	\$1.00	\$400.00
4.	30	Per Hole	Hand Dig/Backfill (Pothole) up to four (4) feet (night or day works)	\$650.00	\$19,500.00
5.	10	Per Task Order	Encroachment Permit for Cities & Counties	\$1.00	\$10.00
6.	200	Per Hour	Traffic Control (Freeway and Highway Lane and Ramp Closure). See Exhibit A, Section 7, paragraphs A and C.	\$1.00	\$200.00
7.		1/2 of the Prevailing Wage Hourly Rate	Overtime: Increment paid for Overtime work per hour (This unit price will be the increment that will be paid for overtime - **one-half of the Prevailing Wage rate for the applicable classification)	\$15.75	\$15.75
8.			*The following will be reimbursed: railroad permit fees, railroad insurance, railroad flagging, two-dimensional CAD Mapping, research & recover utility owners as-builts, police time, backhoe and operator, vehicle safety attenuator, and backfilling with permanent paving verse high performance backfill (1 year warranty). The Contractor must submit signed original receipts for reimbursement. No xerography will be accepted. No additional mark-up will be allowed or paid for by Caltrans.	Actual Cost	\$35,000.00
Total of Proposal (lines 1 thru 8)					\$520,125.75

1. Bids will be compared based on the totals of all items and will be awarded to the lowest responsible bidder.
2. Each Caltrans Task Order assignment must include a written report depicting each positive location of the utility facility's dimension and depth from top of pipe to original ground. This report must be in 8.5" x 11" page format and be submitted to Caltrans within one week (five work days) of positive location Task Order completion.
3. Prevailing Wage Rates are required. Contractor must pay prevailing wage rates.
4. Designation (mark-out) of utility facilities shall include a minimum of 150 feet, set-up, takedown and traffic control and all items included in Exhibit A. Each designating assignment shall be not less than four (4) hours per assignment.
5. Include wages, overhead, general administrative expenses, ALL APPLICABLE SALES TAXES, and profit in bid price.

*Contractor will be reimbursed for the actual cost of these specified items in performance of this Agreement without additional allowance for markup.
THE ACTUAL COST INCLUDES ALL APPLICABLE SALES TAXES.

*Example: If the prevailing wage is \$20.00 an hour then the one-half increment to be paid for overtime would be \$10.00 an hour

ATTACHMENT 2

**STATE OF CALIFORNIA DEPARTMENT OF TRANSPORTATION
SUBCONTRACTING PROVISIONS/LIST**

Form ADM 1511 (REV. 4/14)

List all subcontractors that will be used in this Agreement. All subcontractors listed below must be used in accordance with the Agreement. This includes, if applicable, compliance with the subcontracting provisions and any Disabled Veteran Business Enterprise (DVBE), Small Business (SB), Micro-Business, and Disadvantaged Business Enterprises (DBE) subcontractors. Attach a copy of the quote on the letterhead of the Certified SB, DVBE, or DBE subcontractor to this form. The quote will serve as written confirmation that the Certified SB, DVBE, or DBE is participating in the contract. If none, bidder to write "NONE" in this space.

NAME	BUSINESS ADDRESS	DESCRIPTION OF PORTION OF WORK WHICH WILL BE DONE BY EACH CONTRACTOR*
None	None	None